Determining the Prevalence of Health Literacy Among Veterans

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Background: Studies estimate that nearly 45% of the U.S. population has difficulty with the basic reading, writing, and computing skills needed to function adequately in society. In this study we will health literacy, or literacy skills relevant to health and health care, in veterans at four VA medical centers. We then will evaluate whether poor health literacy skills are a barrier to colorectal cancer (CRC) screening. CRC is one of the leading causes of cancer deaths and is the third most common cancer diagnosed. Randomized clinical trials and systematic reviews demonstrate that early detection and diagnosis reduces morbidity and mortality, but CRC screening is complex. Multiple screening options are acceptable, yet all options vary by pre-screening preparation, invasiveness, sedation, and discomfort. The amount of information necessary to understand screening options and outcomes and the level of complexity needed to prepare and undergo screening may inhibit many from being screened, but especially those unable to read and synthesize informational materials or instructions adequately.
Major objectives: The primary objectives for this study are to develop an estimate of the prevalence of health literacy at four geographically diverse VAMCs (Minneapolis, Portland, Durham, and West LA), and for specific groups based on age, race, education, and geographic location. Our secondary objectives are to illustrate the potential significance of poor health literacy by linking estimates for those over 50 years old to CRC screening data, examine variation in guideline concordant screening rates by health literacy levels, and identify the mechanisms that may mediate or moderate the effect of health literacy on screening.
Principal data sources: Patients who are eligible and willing to participate will complete a face-to-face survey that will include demographic data, functional status, measures of attitudes and beliefs about screening, and the Short-Test of Functional Health Literacy in Adults (S-TOFHLA). Survey data will then be matched to data from the CRC QUERI screening assessment and surveillance data system (CRS 02-162-1) to evaluate screening compliance.
Research design: The study design is observational. Veterans with upcoming appointments in primary care clinics at each of the study sites will be randomly chosen and recruited.
Principal type of analysis: Prevalence estimates and outcomes assessment.
Study population: Veterans who use VHA primary care services at study sites and have an upcoming appointment.
Expected contribution: Identifying the extent of poor functional health literacy among veterans and developing strategies to improve communication efforts directed towards vulnerable veterans addresses VHA's commitment to eliminating health disparities and promoting patient-centered care. Because health information is often readily modifiable this study will also lay the groundwork for a number of potential translation projects that could help reduce the deleterious effects of poor health literacy. Findings from this study are expected to have a number of broad implications for research (e.g., improving informed consent procedures) and practice within the VHA (e.g., improving patient education, better discharge summaries and prescription instructions). The results will identify areas where interventions or system-level changes could be most effective and provide a baseline for which the effect of future interventions could be compared.